

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
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26	/		/			
27	/		/			
28	/		/			
29	28		/			
30	0		/			
31	0		/			
32	0		/			
33	0		/			
34	0		/			
35	/		/			
36	/		/			
37	/		/			
38	/		/			
39	/		/			
40	/		/			
41	/		/			
42	2		/			
43	2		/			
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			9			
TOTAL DEP.			32			
TOTAL CLAIMS	1	1	41	1	1	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS